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clean streets. His promised reward is Health. As we look back over the work of even the last generation and mark the places where men have blazed trails for those who are to follow them, and then look about at the vast army of workers who are working day by day in the light of an ever-widening vision, we are very glad, that we, as nurses, may have a very special share in all this work if we will.

PREVENTIVE TUBERCULOSIS NURSING

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A great many articles have been written on this subject, but there is always a new thought to be brought out in individual cases, and as I have come in contact with the disease to a great degree and have seen the different modes of treatment and attitudes taken by nurses, especially, I felt that giving such knowledge as I might possess would help someone who does not grasp the real significance of the care of these cases.

I think a great many of us, not only of the laity, but of the medical and nursing professions, look upon tuberculosis as an incurable disease, something that must be endured but that can be only temporarily controlled. Of course to a certain degree this is true. The cases that come under our observation in the charity hospitals and through the district nursing associations are usually of a progressive nature and by the time they have received medical aid are too far advanced to profit much by any help given. They have escaped earlier observation through ignorance or fear as to the significance of the trouble should the board of health or other disease eradicators become acquainted with their condition. Consequently, these persons go on and on until they become a menace to the household, are too weak to work and provide food and lodging for themselves and wander helplessly into the hands of the law. These are the conditions which bring the average tubercular patient to our charity hospitals, but that is only one avenue for the hundreds and thousand of cases thronging in upon us every day.

During the winter months many of our poor are thrust upon the streets cold and half-clad, with not nearly enough nourishment to take care of the normal wants of the body, to say nothing of producing a resistance against outside influences, and are stricken down with pleurisy, influenza and pneumonia. Numberless intoxicated persons, who have suffered from hours of exposure, are brought into our hospitals to the medical and alcoholic wards with high temperatures, delirium and all sorts of complications.

Have we nurses realized the gravity of these cases and how much really depends upon the care and nursing treatment of each one? Here a great many of the primary lesions of tuberculosis originate, where careless nursing stands as a secondary cause. In nursing these patients, great care should be exercised in moving them; never allowing them to sit up in bed or move about, even after the temperature has subsided and the patient is convalescing. Be watchful always for undue exertion.

Keep them out of drafts and always warm. Never leave their shoulders exposed to the cold air, for although fresh air is a recognized cure, it has its avenue of introduction, and exposing the patient's body to its mercy is the very worst thing one can do, especially in cases of this nature. Nourishment plays no small part in fighting off the invasion of this plague. To keep up the resistance of the individual, or to even establish one, as we are so often called upon to do, is a point where many fail. Even when the patient is sickest, give them such food in fluid form as will produce the most energy. This, to a great extent, is left in the hands of the nurse, the doctor leaving no explicit orders other than fluid or soft or special diet, and if a nurse be careless or uninterested in her patient's welfare, she may very easily carry out the order with seeming correctness and her patient be constantly losing ground from insufficient nourishment. The high caloric diet has been employed in many cases of pneumonia and other lung conditions with very satisfactory results, but even though this has not been explicitly ordered, if a nurse has an intelligent knowledge of food values, she can regulate the diet according to her patients' needs and do more to establish a resistance against a tubercular invasion than by any drug I know. Therefore nurses should consider, when they have cases of this kind, that it is not only the immediate demand, but that when the acute symptoms have subsided, they have an even greater obstacle to meet in assuring a complete recovery. If these cases were always nursed properly, we would not have quite as many poor souls in our tubercular homes and hospitals.

So much for the preventive treatment and now if I may, I should like to say a word about the treatment of incipient cases. These we meet with more in private duty than in any other field as a general rule, and our care is usually of long duration which requires an unusual amount of sympathy, exactness and patience. These cases can be arrested invariably if the rigid course of treatment be closely adhered to for a sufficient length of time, and here a nurse plays a very important part. Rest is the first essential to a cure, absolute physical relaxation, and not only that, but peace of mind. Give all the energy the body has to spare to its process of healing and repair. Diet should be of a nourishing nature and compact in itself, not enormous amounts of specified

articles such as eggs, for instance, for then there is a bilious condition, which is not in any way advantageous.

Fresh air I have mentioned last, but it is probably just as essential as rest, though one without the other would mean but very little. Keep your patient out of doors in the sunshine during the day, and on a porch where air is plentiful, without cold drafts, at night. Regulated exercise has to be carefully noted, commencing at first with a very restricted amount and increasing each day in proportion to the bodily gain, lung soundings and haemoglobin count. This must be conducted with the utmost patience and care on the part of the nurse. She must feel a keen personal interest in the life for which she is caring and give a great deal of herself, especially spiritually, to her charge. The utter abhorrence of the disease, in a great many cases, makes her careless and uninterested so that she is really an obstacle in the road to health when she should be the great power that instills courage and faith.

I think many of us turn from this phase of nursing from fear, some because we think it hopeless, and some because there are so many bigger things to do. But is there anything bigger than to save a human life and where do we find a greater need than among the sufferers of this awful plague?

Many believe that only the inferior class of nurses should do this work, or those who are victims, themselves, but I think this is a biased idea, for personally I have found a great many of the finest women, both spiritually and physically, giving their lives to this great cause. I do not say that nurses who have healed lesions, do not often go on with this work, but this service is of a most efficient order, because they realize the intense need for good care. Today with all our methods of antisepsis, with our knowledge of the disease organism and of the hygienic surroundings, tuberculosis is not more infectious than syphilis, which we care for every day in our hospital wards with very little thought of precaution.

Another important branch of this question lies in emphasizing the necessity of care to the person who first becomes conscious that he or she is subject to the disease, and perhaps has had a hemorrhage or two without any other symptoms. Here a nurse may be able to do more than anyone else in impressing upon the individual the necessity for immediate measures or the arrest of the process. A great many people wait until the disease is firmly established before taking any serious thought as to treatment, and invariably they are too late. So if we would all bear in mind the causes for the disease and treat whichever one it might be our lot to meet, intelligently and faithfully, not with fear but with earnest desire to save, we should be greatly gratified could we see the actual outcome of our concerted efforts.